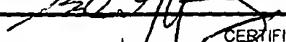
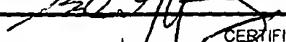
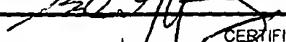


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>2186 CON</b>																																					
		First Inventor <b>Joseph Pasqualucci</b>																																					
		Title <b>Valve Assembly</b>																																					
		Express Mail Label No. <b>ET 710029405 US</b>																																					
<b>APPLICATION ELEMENTS</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450																																					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>10</b> ]  5. Oath or Declaration [Total Sheets <b>1</b> ] a. <input type="checkbox"/> Newly executed (original or copy)  b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>  i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Reader Form (CRF)  b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper  c. <input type="checkbox"/> Statements verifying identity of above copies																																					
<b>ACCOMPANYING APPLICATION PARTS</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9.</td> <td><input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</td> <td style="width: 10%;">Power of Attorney</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement</td> <td><input type="checkbox"/> (when there is an assignee)</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document (if applicable)</td> <td><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>12.</td> <td><input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1499</td> <td><input type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td>13.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</td> <td><input type="checkbox"/> (Should be specifically itemized)</td> </tr> <tr> <td>14.</td> <td><input checked="" type="checkbox"/> Certified Copy of Priority Document(s)</td> <td><input type="checkbox"/> (if foreign priority is claimed)</td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td>16.</td> <td colspan="2"><input type="checkbox"/></td> </tr> <tr> <td>17.</td> <td colspan="2"><input type="checkbox"/></td> </tr> </table>			9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	Power of Attorney	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> (when there is an assignee)	11.	<input type="checkbox"/> English Translation Document (if applicable)	<input type="checkbox"/> Copies of IDS Citations	12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1499	<input type="checkbox"/> Preliminary Amendment	13.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	<input type="checkbox"/> (Should be specifically itemized)	14.	<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> (if foreign priority is claimed)	15.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	<input type="checkbox"/> Other:	16.	<input type="checkbox"/>		17.	<input type="checkbox"/>											
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16.	<input type="checkbox"/>																																						
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No. <b>09/513,603</b>  Prior application information:    Examiner <b>Tu Nguyen</b> Art Unit: <b>3749</b> For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																							
<b>19. CORRESPONDENCE ADDRESS</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Customer Number or Bar Code Label</td> <td colspan="3" style="width: 80%;"><input type="checkbox"/> (Insert Customer No. or Attach bar code label here)</td> <td style="width: 10%; text-align: right;">OR <input checked="" type="checkbox"/> Correspondence address below</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="3">Kimberly V. Perry, Esq.</td> </tr> <tr> <td>Address</td> <td colspan="3">U.S. Surgical, A Division of Tyco Healthcare Group, LP 150 Glover Avenue</td> </tr> <tr> <td>City</td> <td>Norwalk</td> <td>State</td> <td>Connecticut</td> <td>Zip Code</td> <td>06856</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>203-845-4562</td> <td>Fax</td> <td>203-845-4266</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Kimberly V. Perry, Esq.</td> <td>Registration No. (Attorney/Agent)</td> <td colspan="3">43,612</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>6/30/03</td> </tr> </table>			<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> (Insert Customer No. or Attach bar code label here)			OR <input checked="" type="checkbox"/> Correspondence address below	Name	Kimberly V. Perry, Esq.			Address	U.S. Surgical, A Division of Tyco Healthcare Group, LP 150 Glover Avenue			City	Norwalk	State	Connecticut	Zip Code	06856	Country	US	Telephone	203-845-4562	Fax	203-845-4266	Name (Print/Type)	Kimberly V. Perry, Esq.	Registration No. (Attorney/Agent)	43,612			Signature				Date	6/30/03
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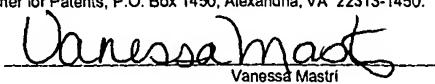
## CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number **ET 710029405 US**

addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated:

7.1.03



Vanessa Mastri

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

## Complete if Known

Application Number	To Be Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Joseph Pasqualucci
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	2186 CON

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	U.S. Surgical
Deposit Account Name	21-0550

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	750.00
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 750.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
12	-20** = 0	X 18	= 0.00
Independent Claims 2	- 3** = 0	X 84	= 0.00
Multiple Dependent		280	

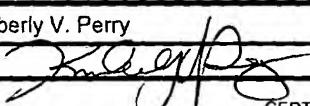
Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)

\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 0.00)

(Complete if applicable)

SUBMITTED BY			
Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent)	43,612
Signature			
Date	6/30/03		

## CERTIFICATION UNDER 37 C.F.R. § 1.10

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Dated: 7/1/03



Vanessa Mast

Docket: 2186 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Joseph Pasqualucci

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Serial No: To Be Assigned

Filed: Concurrently Herewith

For: **VALVE ASSEMBLY**

CERTIFICATE OF EXPRESS MAILING

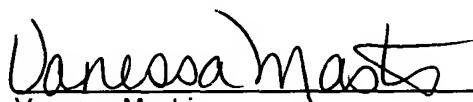
"Express Mail" Mailing Label No.: ET 710029405 US

Date of Deposit: July 1, 2003

I hereby certify that the following:

- [x] This Certificate of Express Mailing
- [x] Utility Application Transmittal letter
- [x] Fee Transmittal
- [x] A patent application consisting of 23 pages  
of abstract, specification and claims
- [x] 10 sheets of [x] formal [ ] informal drawings
- [x] Preliminary Amendment
- [x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
\_\_\_\_\_  
Vanessa Mastri

United States Surgical, a division of  
TYCO HEALTHCARE GROUP LP  
150 Glover Avenue  
Norwalk, CT 06856  
(203) 845-1172